

FREE AND REDUCED PERCENTAGE VERIFICATION  
Telephone Contact Information

Provider's Name \_\_\_\_\_

Provider Street Address \_\_\_\_\_

\_\_\_\_\_

Please list below:

School District \_\_\_\_\_

Director of Pupil Personnel in the School District \_\_\_\_\_

Phone Number of DPP (\_\_\_\_) \_\_\_\_\_

Elementary School serving the FDCH's address \_\_\_\_\_

Date Obtained \_\_\_\_\_

Percentage of Free and Reduced in this school as verified by the Food Service Director or  
other authority in the school \_\_\_\_\_

Free

Reduced

Total

% of Free and Reduced

Name of Food Service Director or other authority \_\_\_\_\_

Date Obtained \_\_\_\_\_

Name of Sponsor Staff completing this form \_\_\_\_\_

Date \_\_\_\_\_